

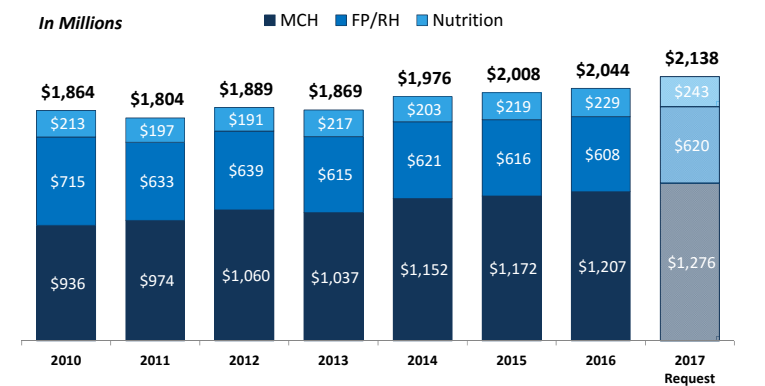
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U.S. Government Funding for Women and Family Health

The U.S. government has a long history of supporting efforts to improve the health of women and families around the world. While many U.S. programs address women and family health generally, several are focused on them directly, including: [maternal and child health \(MCH\)](#), which includes immunization activities; [family planning and reproductive health \(FP/RH\)](#); and [nutrition](#).¹ The accompanying papers examine U.S. funding for each of these sectors. They look at funding trends over time, the top country recipients of aid, the share of funding provided to the sector within the larger U.S. global health funding portfolio, and the role of the U.S. as a donor in the context of overall donor support. Among the key findings are the following:

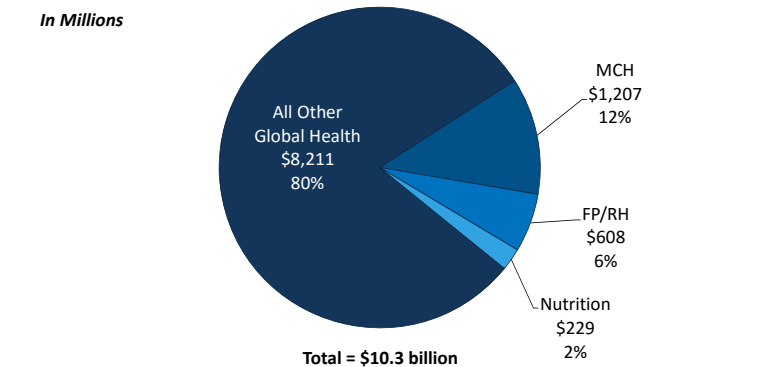
- Combined U.S. funding for these sectors has risen somewhat in recent years, increasing from \$1.9 billion in FY10 to \$2.0 billion in FY16 (\$180 million or 10%).** This increase has been driven almost entirely by funding for maternal and child health programs (which rose by \$271 million or 29%). Funding for the other two sectors has fluctuated and even decreased in some years, with funding for FP/RH declining over the period (a decrease of \$108 million or 15%). The President's budget request for FY17 includes a 5% increase for these sectors combined, most of which would go to MCH programs (See Figure 1).
- U.S. funding for these sectors represents a relatively small share of the U.S. global health budget, which has been dominated by funding for disease-specific efforts – primarily PEPFAR and the Global Fund – over the last decade.** In FY16, the three sectors accounted for 20% of the global health budget (see Figure 2). Funding for MCH was 12%, the third largest program after PEPFAR and the Global Fund. A significant share of funding for MCH is directed at immunization activities (at least 42% in FY16). Funding for FP/RH in FY16 was 6% of U.S. global health funding, and nutrition was 2%.
- Most of the U.S. effort in these sectors is bilateral, with funding provided directly to countries or regions.** Still, over time, an increasing share has been provided multilaterally, rising from 14% in FY10 to 20% in FY16. Most of this has been driven by the MCH portfolio, which channeled 30% of funds

Figure 1: U.S. Global MCH, FP/RH, and Nutrition Funding, FY 2010-FY 2017 Request



NOTES: Notes: FY10-FY15 are final planned funding levels and includes both base and supplemental funding. FY13 includes the effects of sequestration. FY16 is a preliminary estimate (some MCH and Nutrition funding provided through the ESF and DA accounts are determined at the agency level and are not yet known; for comparison purposes, FY16 funding totals through these accounts are based on prior year levels). FY17 is the President's Budget Request. MCH includes funding provided through USAID and CDC as well as U.S. contributions to UNICEF. FP/RH includes funding through USAID as well as U.S. contributions to UNFPA. SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

Figure 2: Funding for MCH, FP/RH, and Nutrition as a Share of U.S. Global Health Budget, FY 2016



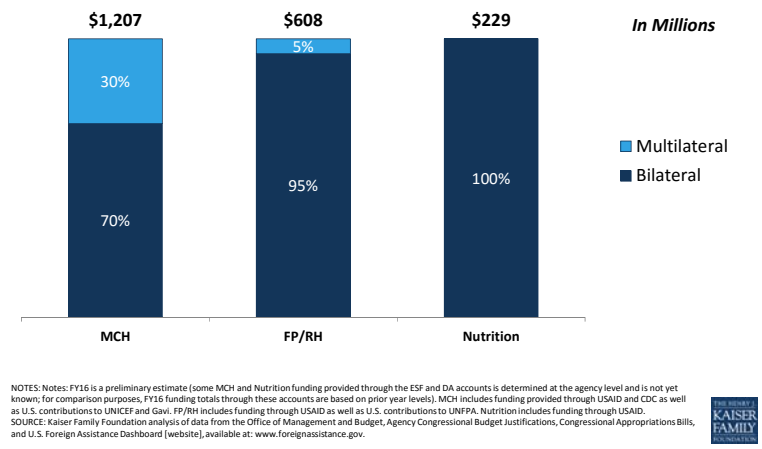
NOTES: Represents total known funding provided through the State Department, USAID, CDC, NIH, and DoD. MCH includes funding through USAID and CDC as well as contributions to UNICEF and Gavi. FP/RH includes funding through USAID as well as contributions to UNFPA. Nutrition includes funding through USAID. Some FY16 global health funding provided through the Economic Support Fund (ESF) and Development Assistance (DA) accounts is not yet known; for comparison purposes, FY16 ESF and DA amounts are estimated using prior year levels. SOURCE: Kaiser Family Foundation analysis of data from the Office of Management and Budget, Agency Congressional Budget Justifications, Congressional Appropriations Bills, and U.S. Foreign Assistance Dashboard [website], available at: www.foreignassistance.gov.

¹ While the separation of these sectors into distinct areas is somewhat artificial, they are funded separately by Congress which, in some cases, also includes specific guidelines and criteria for how such funding can be used.

multilaterally in FY16 to GAVI and UNICEF. FP/RH funding included 5% for multilateral efforts through UNFPA. All nutrition funding was provided through bilateral channels. (see Figure 3).

- Within each sector, the U.S. government has **increasingly focused its funding on a subset of “priority countries”** which represent those with the most severe health needs. For example, both the maternal and child health and family planning and reproductive health programs focus on 24 priority countries, which account for 76% and 70% of funding, respectively.
- **The U.S. is the largest donor** to these sectors in the world², though no single donor provides the majority of funding in any of the three sectors.

Figure 3: Bilateral & Multilateral Funding Shares for U.S. Global MCH, FP/RH, and Nutrition Programs, FY 2016



Taken together, these papers show that funding for these three sectors has, overall, remained relatively flat over the past several years, though funding for MCH programs has grown as a priority. Combined, the sectors account for just a fifth of the U.S. global health budget. Still, it is important to note that funding for these three sectors alone does not fully capture U.S. support for activities that address women and family health; other programs, including PEPFAR and the President’s Malaria Initiative, indirectly support such activities, though their focus is not on women and family health per se. Ultimately, as the largest donor to each area in the world, future funding by the United States stands to have a significant impact in the field.

² The U.S. was the largest donor to family planning in 2014, the most recent year with available data; when family planning and reproductive health are combined, the U.S. was the second largest, after the UK.